

Mental Status Examination

Department of Psychiatry
Uniformed Services University of the Health Sciences
Quick Reference Guide

APPEARANCE
<ul style="list-style-type: none"> OVERALL (Ethnicity, Age, Sex, Adherence to social conventions, Build/body type, Grooming, Dress) SPEECH (rate, rhythm, volume, spontaneity, abnormalities) EYE CONTACT (good, poor, sporadic, fleeting, none) MOVEMENTS (odd mannerisms, stereotypies, catatonia, tics) PSYCHOMOTOR ACTIVITY (increased, normal, decreased)
ATTITUDE/BEHAVIOR
How did the patient relate to the interviewer? Was he/she cooperative, engaging, seductive, hostile, aggressive, annoyed, dismissive, guarded, evasive, paranoid, overly familiar, etc.?
MOOD
<p>The <i>subjective</i> feeling of the patient.</p> <ul style="list-style-type: none"> His/her response to “How would you say you’ve been feeling lately?” Or, if not directly asked, it is the predominant or average feeling state during the entire interview.
AFFECT
<p>The <i>objective/observed</i> behavior of the patient. Areas of affect to comment on :</p> <ul style="list-style-type: none"> Range (increased, decreased, constricted, appropriate) Intensity (normal, blunted, flat, expansive) Lability (i.e., are there rapid, brief, extreme swings of emotion?) Appropriateness to given mood and given context
SENSORIUM
<p>Sensorium:</p> <ul style="list-style-type: none"> Orientation to person, place, time, and situation. Or, the results of your Mini-Mental Status Exam (i.e., “30/30”). Remember, if there are <i>subtractions</i> in the mini-mental, it would be appropriate to comment on the patient’s difficulty (i.e., why he/she missed points).
INTELLECTUAL FUNCTIONING and COGNITIVE FUNCTIONING
<p>Intellectual functioning: “Below average, average, or above average.”</p> <ul style="list-style-type: none"> Can be clinically <i>estimated</i> based on patient’s (1) general fund of information, (2) vocabulary, and (3) ability to understand/employ complex concepts. <p>Cognitive functioning: Essential to comment on if there is difficulty within this section. These also may be touched upon in the sensorium section (i.e., with results of the mini-mental status exam)</p> <ul style="list-style-type: none"> Areas include memory, executive functioning, abstraction ability, visuospatial ability.
THOUGHT
<p>Process (Refers to <i>FLOW</i> and <i>CONNECTEDNESS</i> of thought)</p> <ul style="list-style-type: none"> Coherence (i.e., makes sense to the listener?) Logical (i.e., are the patient’s conclusions based on sound or flawed logic?) Goal directedness (Linear, tangential, or circumstantial) Associations (blocking, looseness of associations, flight of ideas) <p>Content (Refers to what ideas and thoughts are actually conveyed)</p> <ul style="list-style-type: none"> Perceptions (hallucinations, illusions) Delusions (fixed, false beliefs) <u>DANGEROUSNESS/SAFETY EVAL</u> (<i>SUICIDAL and HOMICIDAL</i> intent/plans) <p>Additional components</p> <ul style="list-style-type: none"> Judgment/Impulse control Insight (good, fair, limited, impaired, none) Impulse control